

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091763499

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1							51								
2							52								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.			17	8				17			1				
TOTAL DEP.			17	8				17			12				
TOTAL CLAIMS			24	16				24			13				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY